

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/089660	APPLICANT(S)		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19		1				69			
20			1			70			
21				1		71			
22					1	72			
23				1		73			
24					1	74			
25					1	75			
26					1	76			
27					1	77			
28					1	78			
29					1	79			
30					1	80			
31					1	81			
32					1	82			
33					1	83			
34					1	84			
35					1	85			
36					1	86			
37					1	87			
38					1	88			
39					1	89			
40					1	90			
41					1	91			
42					1	92			
43					1	93			
44					1	94			
45					1	95			
46					1	96			
47					1	97			
48					1	98			
49					1	99			
50					1	100			
TOTAL IND.			1						
TOTAL DEP.			17						
TOTAL CLAIMS			18						

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE